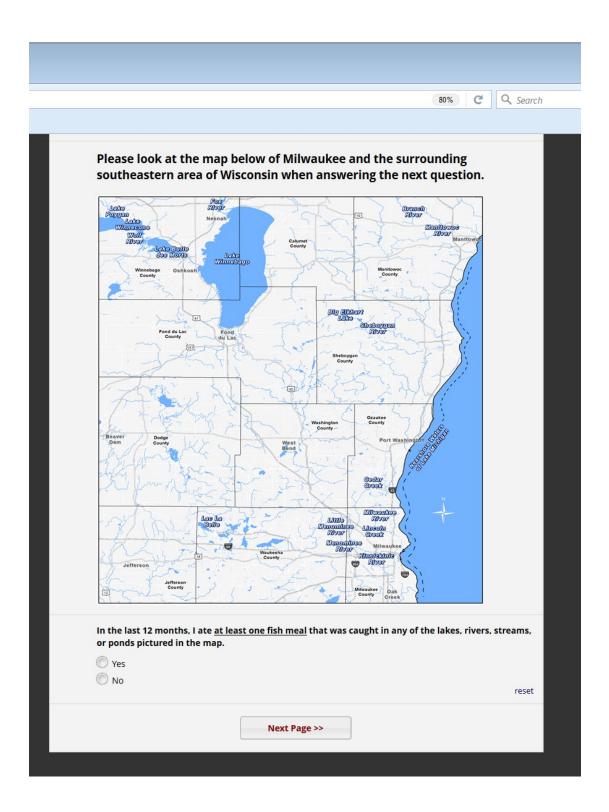
ALL RESPONDENTS

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Milw	aukee Angler Project Eligibility Screening Survey						
	Form Approved OMB No. 0923-17IY Exp. Date xx/xx/201x						
	ATSDR estimates the average public reporting burden for this collection of information as 5 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-171Y).						
	Please complete the short screening survey for the Milwauke Angler Project.	e					
	Please respond to all of the questions on this survey. It should you 5 minutes to answer these questions. Your answers will h us determine your eligibility for this project.		e				
	First Name						
	Last Name						
	Middle Initial						X
	Street number and name						
	Apartment or unit						
	City						~ C
							ľ
	State						
	Zip Code						
	I have lived at this address for one year or longer.						
	 ♥ Yes ♥ No 	rese	t				
I am a male <u>OR</u> I am a female who is not currently pregnant.							=
	No Yes	rese	t				



ELIGIBLE RESPONDENTS

If the respondent provides all Name and Address information and answers 'Yes' to all of the screening questions:

Page 2 (eligible)

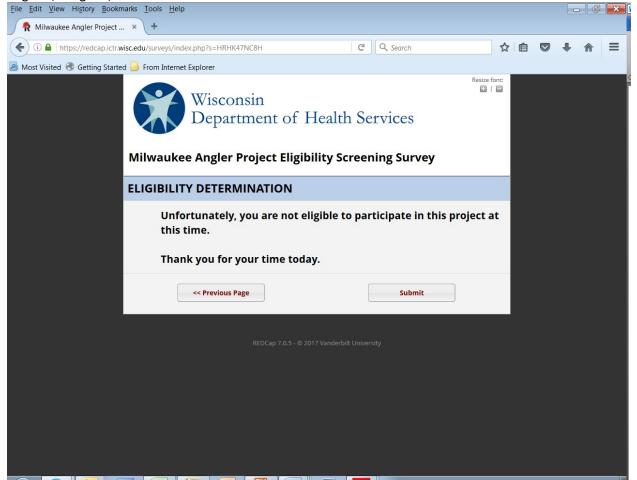
(Follow-up question about text messaging appears if 'Cell' is selected)

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Milwaukee Angler Project Eligibility Screening Survey						
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	Page 2 of 2					
ELIGIBILITY DETERMINATION						
It looks like you might be eligible to participate in this pr	niect					
Please fill out the information below so that project staf	-					
contact you if you are selected to participate in the Milw						
Angler Project.	aukee					
Angler Hojeet.						
Please enter your email address.						
If you do not have an email address, please write "Don't have one"						
Please enter the best telephone number to reach you at.						
What type of phone number is this?						
OHome						
O Work						
Cell Other						
Other	reset					
Can we conduce toxt more age?	_					
Can we send you text messages?						
No						
0	reset					
Please enter an alternate phone number where we can reach you.						
If you do not have one, please leave this field blank.						
Please enter an alternate phone number where we can reach you.						
If you do not have one, please leave this field blank.						
· · ·						
Please indicate the best days and times to reach you by telephone.						
Monday Tuesday WednesdayThursday Friday	Saturday Sunday					
Morning	Saturday Sunday					
Afternoon						
Evening						
Thank you. A staff member from this project may conta	act you in					
the next week or two if you are a good fit for this project.						
<< Previous Page Submit						

INELIGIBLE RESPONDENTS

If the respondent answers 'No' to one or more of the screening questions:

Page 2 (ineligible)



End survey screen									
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	Close survey								
	Thank you for completing the s	creening survey for the Milwauke	e Angl	ler Project.					
					~~~				

# ALL RESPONDENTS